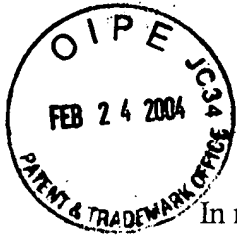


03560.002873

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: P. Connolly
CHIDANE OUCHI)	
	:	Group Art Unit: 2877
Appln. No.: 09/934,713)	
	:	Allowed: January 20, 2004
Filed: August 23, 2001)	
	:	
For: MEASURING DEVICE AND)	
MEASURING METHOD	:	February 24, 2004

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RULE 312 AMENDMENT

Sir:

Applicant is in receipt of a Notice of Allowance and Fee(s) Due form, mailed January 20, 2004, in connection with the above-identified application. The Issue Fee has not yet been paid. Before paying the Issue Fee, Applicant requests that the application be amended as set forth below.



In re Application of:

CHIDANE OUCHI

Appln. No.: 09/934,713 ✓

Filed: August 23, 2001

For: MEASURING DEVICE AND
MEASURING METHOD

Docket No. 03560.002873

Examiner: P. Connolly

Group Art Unit: 2877

Allowed: January 20, 2004

Date: February 24, 2004

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Rule 312 Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11	MINUS	20	= 0	x \$ 9 \$18	\$ 0.00
INDEP. CLAIMS	4	MINUS	4	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00


☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response within _____ months is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Justin J. Oliver
Registration No. 44,986

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

JJO/tmm